

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

05

30

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		178898.71
(b) Cash on Hand at Beginning of Reporting Period	203622.43	
(c) Total Receipts (from Line 19)	55905.00	291056.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	259527.43	469954.71
7. Total Disbursements (from Line 31)	29446.70	239873.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	230080.73	230080.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	46955.00	242946.00
(i) Itemized (use Schedule A)	8950.00	48110.00
(ii) Unitemized	55905.00	291056.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	55905.00	291056.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55905.00	291056.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55905.00	291056.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	446.70	4873.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	446.70	4873.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	233000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29446.70	239873.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29446.70	239873.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	55905.00	291056.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55905.00	289056.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	446.70	4873.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	446.70	4873.98

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Grant J. Anhalt

Mailing Address 909 Dunellen Dr

City

Towson

State

MD

Zip Code

21286-1508

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: a822143ec468f1bc31a

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Maryam M. Asgari

Mailing Address 852 Los Robles Ave

City

Palo Alto

State

CA

Zip Code

94306-3124

FEC ID number of contributing
federal political committee.**C**Name of Employer
KaiserOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: 0925ba84469392676be

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Clay S. Baker

Mailing Address 1037 N 3rd St

City

Springfield

State

IL

Zip Code

62702-3848

FEC ID number of contributing
federal political committee.**C**Name of Employer
Inter Mountain DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 57407a96e273b2d7fdb

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Monica K. Bedi

Mailing Address 706 Riviera Dunes Way

City

Palmetto

State

FL

Zip Code

34221-7122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 79415190ad326353ec7

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Kathleen L. Behr

Mailing Address 1558 E Shadow Creek Dr

City

Fresno

State

CA

Zip Code

93720-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 9260b0977548330263c

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Vincent P. Beltrani

Mailing Address 29 Fox St

City

Poughkeepsie

State

NY

Zip Code

12601-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 69e73d5c7be9bfaf065

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Brachfeld

Mailing Address 3221 NW 23rd Ter

City

Boca Raton

State

FL

Zip Code

33431-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 3cf3378edc7cb6e441a

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ronald R. Brancaccio

Mailing Address 67 Perry St

City

New York

State

NY

Zip Code

10014-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 7a10eb6583c7590fe93

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mitchell L. Bressack

Mailing Address 33 Graymoor Ln

City

Olympia Fields

State

IL

Zip Code

60461-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 711bbed0d40ec938b81

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Renie E. Bressinck

Mailing Address Ste 690

9601 Lile Dr

City

Little Rock

State

AR

Zip Code

72205-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Towers Building

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 49a798cbb1f126b7086

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce A. Brod

Mailing Address 831 Robert Dean Dr

City

Downingtown

State

PA

Zip Code

19335-4464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 870d8737c4c5adccef0

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Norman A. Brooks

Mailing Address 16420 Marbro Dr

City

Encino

State

CA

Zip Code

91436-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2fcb66ceb403498db2e

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Louis V. Colavecchio

Mailing Address 41 Coddington Way

City

Wakefield

State

RI

Zip Code

02879-6341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: 9bfe386a2e7f7d8da26

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William G. Dunagin

Mailing Address 144 Winterberry Dr

City

Franklin

State

PA

Zip Code

16323-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: b85c32246db75e69ac1

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

W. C. Duncan

Mailing Address 1438 Mockingbird Ln

City

Lakeland

State

FL

Zip Code

33801-5942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Watson Clinic South

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 5271f195ba0e6290ef1

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Ebertz

Mailing Address 1220 Tonkawa Rd

City

Orono

State

MN

Zip Code

55356-9242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 880e12e658703134c4a

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kathy A. Fields

Mailing Address 1902 Green St

City

San Francisco

State

CA

Zip Code

94123-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 1e924ad808070b58c36

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Daniel T. Finn

Mailing Address 6 Thorny Lea Rd

City

Sharon

State

MA

Zip Code

02067-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: fbc117d2d70ced56843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew K. Flynn

Mailing Address 7709 Sandy Bottom Way

City

Raleigh

State

NC

Zip Code

27613-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 4c43e6585a17c4796f1

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven J. Forche

Mailing Address Ste 330
32905 W 12 Mile Rd

City

Farmington Hills

State

MI

Zip Code

48334-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quakertown Medical Arts
Building

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: cc2b68c693cc3ea71c6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Barbara J. Fox

Mailing Address Ste 101
1703 S Meridian

City

Puyallup

State

WA

Zip Code

98371-7590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: e660f0a14df922bcc80

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hayden Franks

Mailing Address 2100 Country Club Ln

City

Little Rock

State

AR

Zip Code

72207-2040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: ffee310e58f57fc74f9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Fretzin

Mailing Address 505 Kingston Terrance

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: f0d068ee35c6bc5090b

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Maxwell A. Fung

Mailing Address 3220 E Pintail Way

City

Elk Grove

State

CA

Zip Code

95757-8208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of California, Davis
Med Cntr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: 1cf0fc46c314da0950d

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stanley C. Gilbert

Mailing Address Ste 200

3614 Meridian St

City

Bellingham

State

WA

Zip Code

98225-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology & Laser Center
NW

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 72cd6bdfa8c565e4b00

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert F. Godwin

Mailing Address 25317 Valley Dr

City

Bettendorf

State

IA

Zip Code

52722-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 53f6c44db475b423527

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lisa Goldberg

Mailing Address 1215 Parkview Blvd

City

Pittsburgh

State

PA

Zip Code

15217-2586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: f72d8b0c1448ede9ad6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Herbert S. Golomb

Mailing Address 1910 Woodgate Ln

City

Mc Lean

State

VA

Zip Code

22101-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: d92cd14668dbec047e1

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gene E. Graff

Mailing Address 16424 NE 44th Way

City

Redmond

State

WA

Zip Code

98052-5445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodinville Dermatology
Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: fe60ec30fc86437e2d3

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Karyn L. Grossman

Mailing Address 611 22nd St

City

Santa Monica

State

CA

Zip Code

90402-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: e5af78ddb7950c303b

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victoria Gunn

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: d0b7f440ef335ecc4a

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Shelley J. Halper

Mailing Address Ste 430

5201 Willow Springs Rd

City

State

Zip Code

La Grange Highland

IL

60525-6538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: ea803735d59ca0e792d

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John M. Haraldsen

Mailing Address Ste 103

5577 N Oracle Rd

City

State

Zip Code

Tucson

AZ

85704-3879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: e5c2409ccae60c72081

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roland Hart

Mailing Address 6248 Chesapeake Cir

City

Stockton

State

CA

Zip Code

95219-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: 64dacbe971d8e6ca2b0

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard R. Henderson

Mailing Address 2556 N Nc Highway 119

City

Mebane

State

NC

Zip Code

27302-9371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burlington Dermatology Ce-
nter Inc.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 1d4f50963604425ddd9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sidney Herszenzon

Mailing Address 230 W Nokomis Ct

City

Fox Point

State

WI

Zip Code

53217-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 5a86d53c382cdeaa398

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven E. Hodgkin

Mailing Address Ste K

15366 11th St

City

Victorville

State

CA

Zip Code

92395-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: 1bb2a579f07fc008f5c

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sharon L. Horton

Mailing Address 1721 Fox Trail Dr

City

Batavia

State

IL

Zip Code

60510-8635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 937061f36019e44a0e2

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Steven L. Hubert

Mailing Address 56 Stonecliff Rd

City

Princeton

State

NJ

Zip Code

08540-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 48a5b0793a8230a7981

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Earl M. Hudgins

Mailing Address 5421 Patterson Ave

City

Richmond

State

VA

Zip Code

23226-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: 88dbc9e46dcc26b8c7d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William D. James

Mailing Address 766 Applegate Ln

City

Bryn Mawr

State

PA

Zip Code

19010-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Pennsylvania Health
Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 7f5fe80991a2812fd06

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Clark E. Julius

Mailing Address 12328 Oakland Hills Pt

City

Knoxville

State

TN

Zip Code

37934-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: fd7dbf1259315a11b1e

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 44

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian J. Katz

Mailing Address Apt 2608

650 West Ave

City

Miami Beach

State

FL

Zip Code

33139-6370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: de446fc32f4208e8943

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth H. Katz

Mailing Address 9801 Lake Shore Rd

City

Newton

State

WI

Zip Code

53063-9508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Wisconsin

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 91b960501951c78b2ea

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lloyd E. King

Mailing Address 211 Kensington Park

City

Nashville

State

TN

Zip Code

37215-2446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: e91b211a6bf7da367fb

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dennis D. Knutson

Mailing Address Unit 2

3214 W Zephyr Pl

City

Sioux Falls

State

SD

Zip Code

57108-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Dermatology and Las-
er Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 35affb6e3e1de9402a3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Esta Kronberg

Mailing Address 9116 Chatsworth Dr

City

Houston

State

TX

Zip Code

77024-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 54f01c6960f08ada8ba

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Darlene J. Kwee

Mailing Address 16 Saddlewood Ct

City

Belle Mead

State

NJ

Zip Code

08502-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: dfc3a582bd84490f63b

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth V. Lener

Mailing Address 2281 Santa Ana Ave

City

Costa Mesa

State

CA

Zip Code

92627-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: df0814de3dcf6967481

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Aimee L. Leonard

Mailing Address 24 Fox Hill Ln

City

Enfield

State

CT

Zip Code

06082-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Dermatology
and Laser Cent

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: ca0f76e0a11c8f0b0dc

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Barry Leshin

Mailing Address 5021 Hidden Lake Trl

City

Lewisville

State

NC

Zip Code

27023-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Skin Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: f0293089bc09bf93d56

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nancy S. Ling

Mailing Address Ste 5&6

305 Bryan Rd

City

Brandon

State

FL

Zip Code

33511-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 2894e63e9c6903d1c84

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William T. Long

Mailing Address 71 Park Ave

City

New York

State

NY

Zip Code

10016-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: dd8ac749e7d893d8f24

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Frederick A. Lupton

Mailing Address 5305 Sequoia Ct

City

Greensboro

State

NC

Zip Code

27455-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 67b0648f39d2780e1b0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John C. Maize

Mailing Address 947 Cassegent Province

City	State	Zip Code
Mt Pleasant	SC	29464

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	7

Transaction ID: 6d20e311fe4d2bc5352

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Maria I. Martinez

Mailing Address PO Box 11561

City	State	Zip Code
San Juan	PR	00922-1561

FEC ID number of contributing
federal political committee.**C**Name of Employer
Clinica Las AmericasOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

Transaction ID: b80fde31c8a23ae2d59

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Marlene J. Mash

Mailing Address 1825 Clinton Rd

City	State	Zip Code
Norristown	PA	19403-2705

FEC ID number of contributing
federal political committee.**C**Name of Employer
Norristown DermatologyOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

Transaction ID: baa1a5f8c176119a154

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth I. McBurney

Mailing Address 205 Leeds St

City

Slidell

State

LA

Zip Code

70461-5061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 6e7bf8c3375a84e879b

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Andrew B. Menkes

Mailing Address 453 Roblar Ave

City

Hillsborough

State

CA

Zip Code

94010-6849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: c40645be07f130cc8b9

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Alvin H. Meyer

Mailing Address Ste 509
5651 Frist Blvd

City

Hermitage

State

TN

Zip Code

37076-2059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: f856e8895981930bdf7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kimberly M. Mills

Mailing Address 63 River Bend Loop

City

Rayville

State

LA

Zip Code

71269-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 406b58287640ba07145

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John K. Nylund

Mailing Address 235 30th St

City

Hermosa Beach

State

CA

Zip Code

90254-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: 8f721042fac9dd47e32

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Amy S. Paller

Mailing Address 123 Broadway Ave

City

Wilmette

State

IL

Zip Code

60091-3462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 55b1f152e043c4c678c

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George P. Pavlidakey

Mailing Address 609 Indian Rocks Rd

City

Belleair

State

FL

Zip Code

33756-2056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 8d897277433259eb11a

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Danita Peoples-Peterson

Mailing Address 2070 Shore Hill Ct

City

West Bloomfield

State

MI

Zip Code

48323-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Michigan Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: 10d01d7a2f07368faa6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Laurie J. Polis

Mailing Address 62 Crosby St

City

New York

State

NY

Zip Code

10012-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 0919371b4d64479a117

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen M. Purcell

Mailing Address Ste 100

1259 S Cedar Crest Blvd

City

Allentown

State

PA

Zip Code

18103-6206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: F4BB2DEB-C32B-44E5-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William M. Ramsdell

Mailing Address Ste 100

102 Westlake Dr

City

Austin

State

TX

Zip Code

78746-5373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: bfda45a1193b3aa12a8

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Helen A. Raynham

Mailing Address 16 Norwood St

City

Winchester

State

MA

Zip Code

01890-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Skin Surgery Ce-
nter LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 5ec92402835fc4eead0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sandra I. Read

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: ae7900a203e9a48e1b6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul D. Reicherter

Mailing Address 3274 Fisher Rd

City

Roseburg

State

OR

Zip Code

97470-9219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Skin Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 6b2fbec5747b12f3ff3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Phoebe Rich

Mailing Address Ste 200
2565 NW Lovejoy St

City

Portland

State

OR

Zip Code

97210-2996

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Dermatology & Research Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: C6FD8E79-DE9D-4287-

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Justin T. Roscoe

Mailing Address 8388 Piping Rock Ct

City

Millersville

State

MD

Zip Code

21108-1448

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

Transaction ID: aeeb212eca7b330b249

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Roth

Mailing Address 16 Foothill Pl

City

Pleasanton

State

CA

Zip Code

94588-9778

FEC ID number of contributing
federal political committee.**C**Name of Employer
Eastbay Dermatology Med
GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

Transaction ID: e7c3d395d3d84e42200

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan S. Sanders

Mailing Address Apt 101
576 7th Sq

City

Vero Beach

State

FL

Zip Code

32962-1875

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	7

Transaction ID: 29aec314a1df13d3c61

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Justin T. Sawyer

Mailing Address Unit 704
21 E 6th St

City State Zip Code
Tempe AZ 85281-3694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alta Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 30b7da6f907dba9a40e

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sarah B. Sawyer

Mailing Address 1512 Melrose Pl

City State Zip Code
Homewood AL 35209-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology & Laser of Al-
abama

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: f78b1e826f39ef40d04

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Julie C. Schultz

Mailing Address 315 Lake Ave S

City State Zip Code
Spicer MN 56288

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 2a205bb4449d929b35a

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Diane Scott

Mailing Address 148 Corinthian Cir

City

Jupiter

State

FL

Zip Code

33458-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 3eef326b272a0d94bf7

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Joseph J. Shaffer

Mailing Address Ste 220
1185 Town Centre Dr

City

Eagan

State

MN

Zip Code

55123-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: BE176558-22FC-4F96-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William K. Sherwin

Mailing Address 121 Gypsy Ln

City

Wynnewood

State

PA

Zip Code

19096-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: dc0735409d63b9fe7d3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alexander Shraga

Mailing Address 25 Hollis Rd

City

East Brunswick

State

NJ

Zip Code

08816-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adult & Pediatric Dermato-
logy, LLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: d8183fa7cc6bccdd5e33

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Marc A. Silverstein

Mailing Address 11720 Hollenbeck Way

City

Gold River

State

CA

Zip Code

95670-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 9f96adc19dc04ba5a55

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Sugarman

Mailing Address 4560 Upper Ridge Rd

City

Santa Rosa

State

CA

Zip Code

95404-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redwood Family Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: e7f2e5a3b819f21dfc2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jesse R. Thomas

Mailing Address 1119 Bentbrook Ln

City

Sherman

State

TX

Zip Code

75092-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 96d10b464d56a97e442

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Todd

Mailing Address 18946 Canoe Landing Ct

City

Leesburg

State

VA

Zip Code

20176-8218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: 4172d745e1c88e5e018

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Omar Torres

Mailing Address Apt 11E
205 W 54th St

City

New York

State

NY

Zip Code

10019-5536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aesthetic Surgery And Der-
matology, P.C

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: a08bfcfd457da8dbdff

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank A. Veltri

Mailing Address Ste 321

1524 Atwood Ave

City

Johnston

State

RI

Zip Code

02919-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 5ace1c2ff6a24b88263

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Donald S. Waldorf

Mailing Address 2 Doe Dr

City

Suffern

State

NY

Zip Code

10901-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waldorf Dermatology & Las-
er Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 31649167f2cc1926424

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John R. West

Mailing Address 5 Egret Rd

City

Mystic

State

CT

Zip Code

06355-3295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seaport Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: f560ecb29531a0f4e6b

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin L. Whaley

Mailing Address 9487 Wolf Pack Ter

City

Colorado Springs

State

CO

Zip Code

80920-7679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Dermatology PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: 4623a9c4b77518a091e

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Daniel D. Witheiler

Mailing Address 6204 Georgian Ct

City

Dallas

State

TX

Zip Code

75254-8652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pavilion II

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 1f28db4a0387bc21b08

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gregory P. Wittenberg

Mailing Address 3958 Forest Park Cir

City

Rapid City

State

SD

Zip Code

57702-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapid City Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 16ea6a804055562cc17

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walter J. Wyrick

Mailing Address # 44

2801 Richmond Rd

City

Texarkana

State

TX

Zip Code

75503-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: d92e46c8266de33a6b6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alicia D. Zalka

Mailing Address Ste 207

73 Sand Pit Rd

City

Danbury

State

CT

Zip Code

06810-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Association
of Western Con

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: 6d914d958951320207d

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

46955.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: V90414-7996026873588 Date of Disbursement <div> <div>10</div> <div>02</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement AMEX Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>91.35</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V90414-1428033709526 Date of Disbursement <div>10</div> <div>02</div> <div>2007</div> Amount of Each Disbursement this Period <div>32.00</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VC/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V90414-2396814227104 Date of Disbursement <div>10</div> <div>02</div> <div>2007</div> Amount of Each Disbursement this Period <div>323.35</div> <div>001</div> Category/ Type
SUBTOTAL of Disbursements This Page (optional)	<div>446.70</div>
TOTAL This Period (last page this line number only)	<div>446.70</div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Becerra for Congress

Mailing Address PO Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 18151-4777032732963

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Collins for Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement
Contribution

Candidate Name
Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 18151-2468988299369

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Max Baucus

Mailing Address PO Box 586

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement
Contribution

Candidate Name
Max S. Baucus

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: 98174-8920404314994

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Rahm Emanuel

Mailing Address PO Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Contribution

Candidate Name
Rahm Israel Emanuel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: 18151-4221307635307

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Hooley for Congress

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement
Contribution

Candidate Name
Darlene Hooley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 18151-0808526873588

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

John D. Dingell for Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

Candidate Name
John D. Dingell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 18151-9760553240776

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
McCrery for Congress Committee

Mailing Address PO Box 7665
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71137

Purpose of Disbursement
Contribution

Candidate Name
Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: 18151-2310296893119

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Schakowsky for Congress

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Contribution

Candidate Name
Janice D. Schakowsky

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: 62904-6317407488823

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
Contribution

Candidate Name
Sue Myrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: 18151-6705743670463

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Murphy for Congress

Mailing Address PO Box 24551

City
PittsburghState
PAZip Code
15234Purpose of Disbursement
ContributionCandidate Name
Timothy F. Murphy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: 62904-3753930926322

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City
WashingtonState
DCZip Code
20008Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: 18151-9565545916557

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Upton for All of Us

Mailing Address PO Box 490

City
St. JosephState
MIZip Code
49085Purpose of Disbursement
ContributionCandidate Name
Fred Upton011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 18853-3440515398979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 / 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walsh for Congress Committee

Mailing Address 4969 Horizon Terrace

City
SyracuseState
NYZip Code
13215Purpose of Disbursement
ContributionCandidate Name
James T. WalshOffice Sought: ☒ House
☐ Senate
☐ President

State: NY

District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: 62904-3632623553276

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

29000.00

Image# 28991202399

Form/Schedule: **F3X**

Transaction ID:
